

|  |            |                        |          |   |          |               |  |
|--|------------|------------------------|----------|---|----------|---------------|--|
| Subclass   |            | FILED UNDER SUBSIDIARY |          |   |          | PATENT NUMBER |  |
| Class  |            |                        |          |   |          |               |  |
| ISSUE CLASSIFICATION   |            |                        |          |   |          |               |  |
| <b>U.S. UTILITY PATENT APPLICATION</b>   |            |                        |          |   |          |               |  |
| <br>O.I.P.E.<br>SCANNED 10/03 |            |                        |          | PATENT DATE<br><br>O.A. AA |          |               |  |
| APPLICATION NO.  | CONT/PRIOR | CLASS                  | SUBCLASS | ART UNIT  | EXAMINER |               |  |
| 09/673,814   | D. F.      | 072                    | 215      | 3725  | Jones    |               |  |
| APPLICANTS   |            |                        |          |   |          |               |  |
| Hensel Knobbe, Inc.  |            |                        |          |   |          |               |  |
| FLEXIBLE LENS  |            |                        |          |   |          |               |  |
| Best Available Copy  |            |                        |          |   |          |               |  |
| PTO-2040<br>12-02  |            |                        |          |   |          |               |  |

**PREPARED AND APPROVED FOR ISSUE**

# **ISSUING CLASSIFICATION**

Continued on Issue Slip Inside File Jacket

| <input type="checkbox"/> TERMINAL<br>DISCLAIMER   | DRAWINGS     |             |            | CLAIMS ALLOWED             |                      |
|---|--------------|-------------|------------|----------------------------|----------------------|
|   | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims               | Print Claim for O.G. |
| <input type="checkbox"/> a) The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.                     |              |             |            | (Assistant Examiner)       | (Date)               |
| <input type="checkbox"/> b) The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent No. _____ |              |             |            | (Primary Examiner)         | (Date)               |
| <input type="checkbox"/> c) The terminal _____ months of  |              |             |            | NOTICE OF ALLOWANCE MAILED |                      |
|   |              |             |            | ISSUE FEE                  |                      |
|   |              |             |            | Amount Due                 | Date Paid            |
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(LABEL AREA)

(FACE)